

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/571,180
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1					51						
2	1						52						
3	1						53						
4	1						54						
5	12						55						
6	21						56						
7	10						57						
8	11						58						
9	12						59						
10	21						60						
11	12						61						
12	27						62						
13	16						63						
14	11						64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓								
TOTAL DEP.	18		←		←								
TOTAL CLAS	20												